

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52						
3		2					53						
4							54	1	1				
5		1					55		3				
6		1					56	1					
7		1					57		1				
8		2					58						
9		2					59						
10		1					60						
11		2					61			11			
12		1					62		1				
13		1					63						
14							64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29	1						79						
30		1					80						
31	1						81						
32		1					82						
33	1						83						
34	1						84						
35		1					85						
36		1					86						
37		1					87						
38	1						88						
39		1					89						
40	1						90						
41	1						91						
42	1						92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49	1						99						
50	1						100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.	57						TOTAL DEP.						
TOTAL CLAIMS	73						TOTAL CLAIMS						